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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on 18 August 2005
Jeannie Camara

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Jeannie Camara

(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION
Attorney Docket No. OR00-14201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF

Vipin Samar

Serial No. 09/741,691

Filing Date: 15 December 2000

Title: METHOD AND APPARATUS FOR DELEGATING DIGITAL SIGNATURES TO A SIGNATURE SERVER

)
) Examiner: Son, Linh L D
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) Group Art Unit: 2135
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AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed 13 July 2005.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Petition Requesting Consideration of Information Disclosure Statement Pursuant to 37 C.F.R. § 1.97(d)(2), including
 - ☐ check for \$130.00 as set forth in. § 1.17(i)(1) is included with the payment of the other papers filed together with this statement.
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.


☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$____ is enclosed.
☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR00-14201).

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Respectfully submitted,

By 
Edward J. Grundler
Registration No. 47,615

Date: 18 August 2005



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Application Number : 09/741,691
Applicant : Vipin Samar
Filed : 15 December 2000
TC/A.U. : 2135
Examiner : Son, Linh L D

Confirmation Number: 6542

Docket Number : OR00-14201
Customer No. : 51,067

M/S: Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **13 July 2005**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.